#### **UNITED STATES**

SEC SEC Mail Processing Section

## SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## FORM D

**WINIFORM LIMITED OFFERING EXEMPTIO** 

OMB APPROVAL

OMB Number: 3235-0076

Expires: April 30, 2008
Estimated average burden
hours per response . . . . . . 16.00

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
Washington, DC SECTION 4(6), AND/OR

PROCESSED SEC USE ONLY

Prefix Serial

JUL 2 5 2008 | |

DATE RECEIVED

			MAIDOLL KEATTON					
Name of Offering ( check if this is	an amendment and name has changed	l, and indicate cha	nge.)					
10% Convertible Promissory Notes	and Preferred Stock Purchase War	ants						
Filing Under (Check box(es) that appl	y):	■ Rule 506	☐ Section 4(6) ☐ ULOE					
Type of Filing: ☐ New Fi	ling 🗷 Amendment							
	A. BASIC IDENTIFICATION	ON DATA						
1. Enter the information requested about	out the issuer							
Name of Issuer ( Check if this is an	amendment and name has changed, ar	d indicate change	.)					
EXIT41, Inc.			·					
Address of Executive Offices	(Number and Street, City, State, Zip	Code) Tel	ephone Number (Including Area Code)					
Three Dundee Park, Andover, MA	01810	978	3-749-9 <u>033</u>					
Address of Principal Business Operati	ons (Number and Street, City, State, Zip (	Code) Tel	ephor					
(if different from Executive Offices)			I IKARIN ARIKI KATIL AANDI ETIIT AINII KIDIA 11118 IEH LETI.					
Brief Description of Business	To provide software/hardware syste	ms						
		,	08056409					
Type of Business Organization		·						
☑ corporation	☐ limited partnership, already forme	ed	☐ other (please specify):					
□ business trust □ limited partnership, to be formed								
	Mon	h Year						
Actual or Estimated Date of Incorpora	tion or Organization:	9 9 8	■ Actual □ Estimated					
Jurisdiction of Incorporation or Orga	<del></del>	tal Service	<u>—</u>					
abbreviation for State; CN for Canada	•		D E					

#### GENERAL INSTRUCTIONS

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

(M0008920.1.)

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - · Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: $\square$ Promoter $\boxtimes$ Beneficial Owner $\square$ Executive Officer $\square$ Director $\square$ General and/or Managing Partner
Full Name (Last Name first, if individual)
Born, Rob
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Thomas Weisel Venture Partners, L.P., 275 Middlefield Road, Menlo Park, CA 94025
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Greene, I. Robert
Business or Residence Address (Number and Street, City, State, Zip Code)
970 Lake Avenue, Greenwich, CT 06831
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or Managing Partner
Full Name (Last Name first, if individual)
Humphrey, John W.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Humphrey Enterprises LLC, One Beacon Street, Suite 2320, Boston, MA 02108-3106
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner
Full Name (Last Name first, if individual)
Humphrey Enterprises, LLC
Business or Residence Address (Number and Street, City, State, Zip Code)
One Beacon Street, Suite 2320, Boston, MA 02108-3106
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Jonas, Stephen
Business or Residence Address (Number and Street, City, State, Zip Code)
25 Beaver Place, Boston, MA 02108
Check Box(es) that Apply: $\square$ Promoter $\square$ Beneficial Owner $\boxtimes$ Executive Officer $\boxtimes$ Director $\square$ General and/or Managing Partner
Full Name (Last Name first, if individual)
Gagnon, Joseph L.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o EXIT41, Inc., 3 Dundee Park, Andover, MA 01810
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Ferrari, Mark
Business or Residence Address (Number and Street, City, State, Zip Code)
Fidelity Investors III Limited Partnership, 82 Devonshire Street, Mail Zone F7B, Boston, MA 02109

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - · Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ■Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Fidelity Investors III Limited Partnership
Business or Residence Address (Number and Street, City, State, Zip Code)
82 Devonshire Street, Mail Zone F7B, Boston, MA 02109
Check Box(es) that Apply:
Full Name (Last name first, if individual)  FMR LLC
Business or Residence Address (Number and Street, City, State, Zip Code)
82 Devonshire Street, Mail Zone F7B, Boston, MA 02109
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Thomas Weisel Venture Partners, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code)
275 Middlefield Road, Menlo Park, CA 94025
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Thomas Weisel Venture Partners LLC
Business or Residence Address (Number and Street, City, State, Zip Code)
275 Middlefield Road, Menlo Park, CA 94025
Check Box(es) that Apply:
Full Name (Last Name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last Name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

(M0008920.1) 3 of 9

					B. IN	FORMAT	ION ABO	OUT OFF	ERING					
													Yes	No
1.	Has the iss	suer sold,	or does the	e issuer in	tend to sel	l, to non-a	ccredited i	nvestors	in this offe	ring?				X
			An	swer also	in Append	dix, Colum	ın 2, if filir	ng under	ULOE.					
2.	What is th	e minimu	m investm	ent that w	ill be acce	pted from	any indivi	dual?					\$	N/A
													Yes	No
3.	Does the o	offering pe	rmit joint	ownership	of a sing	le unit?							×	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)														
I WII IV	anie (Last i	ianic mist,	ii iiiaivia	uai)										
Busine	ess or Resid	lence Add	ress (Num	ber and St	reet, City,	State, Zip	Code)							
Name	of Associat	ed Broker	or Dealer	•					•					
States	in Which P	erson List	ed Has So	licited or	Intends to	Solicit Pu	rchasers				· ···			
(Che	ck "All Stat	es" or che	ck individ	ual States	)								☐ All Sta	tes
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [Ri]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [U <b>T</b> ]	[VY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
Full N	ame (Last r	name first,	if individ	ual)										
Busin	ess or Resid	lence Add	ress (Num	ber and St	reet, City,	State, Zip	Code)							
Name	of Associat	ed Broker	or Dealer	-		1 PT 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			•					
States	in Which P	erson List	ted Has So	licited or	Intends to	Solicit Pu	rchasers		•			•		
	ck "All Stat												☐ All Sta	ites
[AL]						[CT]						[ID]		
(IL) [MT)	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	ame (Last r	name first,	, if individ	ual)					•					
Busin	ess or Resid	lence Add	ress (Num	ber and So	treet, City	, State, Zip	Code)							
Name	of Associat	ted Broker	or Dealer	;										
	in Which P						rchasers						<b>n</b>	
-	ck "All Stat										(Lin	(112)	□ All Sta	ites
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

(M0008920.1) 4 of 9

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already

sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	5,200,000	\$ 4,760,143
	-0-	\$ -0-
Equity	<del></del>	4 <u>-0-</u>
Convertible Securities (including warrants)	-0-	s
Partnership Interests	-0-	\$ -0-
Other (Specify)	-0-	s -0-
Total	5,200,000	\$ <u>4,760,143</u>
offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number of	Aggregate Dollar
	Investors	Amount of Purchases
Accredited Investors	5	\$ <u>4,760,143</u>
Non-Accredited Investors	-0-	\$ <u>-0-</u>
Total (for filings under Rule 504 only)		s
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1.	NOT APP	LICABLE
Type of Offering	Type of Security	Dollar Amount Sold
Rule 505		•
_		<b>5</b>
Regulation A		3
Rule 504		\$
Total _		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		S ENTIRE NG IS SOLD
Transfer Agent's Fees	_ \$	-0-
Printing and Engraving Costs	S S	-0-
Legal Fees	_ 	40,000
Accounting Fees	_ s	<u>-0-</u>
Engineering Fees.	_ \$	-0-
Sales commission (specify finders' fees separately)		-0-
Other Expenses (identify)	_ S	-0-
Total	<u> </u>	40,000

5 of 9

b.	Enter the difference between the aggregate and total expenses furnished in response to gross proceeds to the issuer."	Part C — Question 4.a. This difference	is the "adjus	ted	\$	4,72	<u>0,143</u>
5.	Indicate below the amount of the adjusted each of the purposes shown. If the amount the box to the left of the estimate. The proceeds to the issuer set forth in response to	for any purpose is not known, furnish a total of the payments listed must equa	n estimate a	nd check			
				Payments to Officers, Direct & Affiliates	ors		Payments to Others
	Salaries and fees			\$		<b>s</b>	-0-
	Purchase of real estate			<b>s</b>		<b>s</b>	-0-
	Purchase, rental or leasing and installation	of machinery and equipment		S	<u>-</u> 0	<b>s</b>	
	Construction or leasing of plant buildings a	nd facilities		\$	<u>-</u> 🗆	<b>s</b>	-0-
	Acquisition of other business (including the this offering that may be used in exchange						
	another issuer pursuant to a merger)			\$	<u> </u>	\$	-0-
	Repayment of indebtedness		🗅	\$ <u>-0</u>	<u>-</u> 0	\$	-0-
	Working capital			s	<u>-</u> 🗵	\$	4,720,143
	Other (specify):			\$		<b>\$</b>	-0-
	Column Totals			\$ <u>-0</u>	<u>-</u> 0	<b>\$</b>	
	Total Payments Listed (column totals added	i)		⊠ s	4,720,	<u>143</u>	
_		D. FEDERAL SIGNATURE					
sig	e issuer has duly caused this notice to be sig nature constitutes an undertaking by the issu ormation furnished by the issuer to any non-	er to furnish to the U.S. Securities and I	Exchange Co	ommission, upon v			_
1111	ormation furnished by the issuer to any non-	accredited investor pursuant to paragraph		uic 302.			
l:	suer (Print or Type)	Signature	Da	ate			-
F	XIT41, Inc.	MIIII Dom			July	y 15,	2008
N	ame of Signer (Print or Type)	Title of Signer (Print or Type)					
J	oseph L. Gagnon	President and Chief Executive O	fficer				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

# 

- 2. The undersigned issuer hereby undertakes to furnish to the state administrators of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.\*
- 3. The undersigned issuer hereby-undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.\*
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.\*

\*Items 1, 2, 3 and 4 above have been deleted pursuant to the National Securities Market Improvement Act of 1996.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	8tsparting Can A	Date
EXIT41, Inc.	All III Amm	July 1, 2008
Name of Signer (Print or Type)	Ville of Signer (Print of Type)	
Joseph L. Gagnon	President and Chief Executive Officer	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

7 of 9

(M0008920.1)

					APPENDIX					
1	:	2	3	4						
	non-acc invest St	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Convertible Notes and Preferred Warrants	Number of Accredited Investors	Amount	Number of Non- accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
CO										
CT		X	\$5,200,000	1	\$56,256.45	0	•			
DE										
DC										
FL					•					
GA					,					
HI		:								
ID										
IL										
IN					,					
IA										
KS							<del></del> -			
KY										
LA										
ME									<u> </u>	
MD										
MA		Х	\$5,200,000	4	\$4,703,886.55	0				
MI			· · ·							
MN										
MS						<del>                                     </del>				
MO										
MT	<del>                                     </del>					<del>                                     </del>	<del></del>	_		
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8 of 9

		•			A	PPENDIX				
T	1	2	2	3	t a	<del>'</del>	4	<u> </u>	5	5
									Disquali	ification State
		Intend t	to sell to	Type of security					ULOE	
		non-acc	eredited	and aggregate					atta	ach
			tors in ate	offering price offered in state			nvestor and chased in State			ation of granted)
			ate -Item 1)	(Part C-Item 1)			C-Item 2)		(Part E	
		•		Convertible	Number of	-	Number of			
	State	Yes	No	Notes and	Accredited	Amount	Non-	Amount	Yes	No
				Preferred Warrants	Investors		accredited Investors			
	NE									
	NV									-
	NH									
	NJ							· <del></del>		
	NM									
	NY								<u></u>	
	NC									
	ND									
	OH		ļ <u> </u>							
	OK									
	OR							· · · · · · · · · · · · · · · · · · ·		
_	PA						<u> </u>			
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$\vdash$	SC							_	-	
$\vdash$	SD					<del></del>			<del> </del>	ļ
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	VT							<del></del>		
	VA					•	-	-		<del>                                     </del>
	WA					· · · · · · · · · · · · · · · · · · ·	<del></del>		1	
_	WV									
	WI					_				
	WY									
	PR_								<u> </u>	

